North Carolina Department of Health and Human Services
Division of Public Health - Women's and Children's Health Section

Vendor Authorization for Direct Deposit (ACH Credits)

☐ New Form ☐ Correction/Change

(Please check only one)

VENDOR NUMBER _____ _____ _____ _____

STORE NAME:_____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

TELEPHONE: _(_____)_____

Corporate Code _____ _____ _____ _____ _____
(WIC Use Only - Do Not Complete)

I (we) hereby authorize the North Carolina - WIC Program, herein called the State Agency, to initiate credit entries to my (our) account. If funds which I am not entitled to are deposited in my account, I (we) authorize the State Agency to direct the financial institutions(s) to return said funds. These credit transactions should be made to the depository bank named below.

ATTACH VOIDED CHECK HERE

DEPOSITORY BANK NAME:_____

BRANCH ADDRESS _____

CITY_____ STATE_____ ZIP CODE _____

ROUTING NUMBER:_____ **ACCOUNT NUMBER** _____

BANK TELEPHONE NUMBER: (_____)_____

Please verify your routing and account number with your bank or corporate office before completing this section.

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its termination.

VENDOR AUTHORIZED PERSON*_____
(PLEASE PRINT)

TITLE: _____ DATE:_____

ACH Check List

1. Keep a copy of the completed (AUTHORIZATION AGREEMENT) Form for your records
2. Complete the (AUTHORIZATION AGREEMENT) Form and mail to:
   Nutrition Services Branch – Vendor Unit, 1914 MSC, Raleigh , NC 27699-1914
3. Attach a copy of a blank voided check. Your (AUTHORIZATION AGREEMENT) will not be processed without a blank voided check.
4. Deposit slips are not acceptable and will not be processed. Savings accounts are ineligible for ACH.

***Only the store manager, owner or an authorized agent should complete this form**.